

PRIVACY ACT STATEMENT: AUTHORITY 5 U.S.C. 552 & 44 U.S.C. 3101 (Executive Order 9397) SSN' 'NCIPAL PURPOSE (S): Information is to monitor the caseloads in legal assistance office. .OUTINE USE (S): Information provided is used to sign cases and monitor legal assistance attorneys and assigned clerical personnel.

MANDATORY/VOLUNTARY DISCLOSURE CONSEQUENCES OF REFUSAL TO DISCLOSE: Disclosure of SSN if voluntary and there will be no adverse consequence from refusal to disclose; an individual, however, may be requested to establish eligibility for legal assistance by other means (e.g., production of military identification). Refusal to establish eligibility may preclude the requested assistance. Disclosure of all other requested information is voluntary, but failure to provide such information may limit our ability to provide assistance.

Attending a clinic or briefing, viewing a video, or receiving services from a non-attorney at the Legal Assistance Office does not create an attorney-client relationship. In order to form an attorney-client relationship you must meet with an attorney. The attorney-client relationship will terminate when the attorney's involvement in the current transaction ends.

FOR OFFICE ID CARD SCREEN _____ CONFLICT CHECK: _____ CONFLICTED: YES ☐ NO ☐
STAFF ONLY APPT WITH: _____ DATE/TIME: _____

LEGAL ASSISTANCE CLIENT INTAKE QUESTIONNAIRE FOURTEENTH COAST GUARD DISTRICT LEGAL ASSISTANCE OFFICE

BRING ALL PERTINENT PAPERWORK TO THE APPOINTMENT

This includes all contracts, leases, previous wills or trust agreements, divorce or other marriage orders, agreements, judgments or decrees, all law suit pleadings, petitions, or other documents and all letters you have received or sent regarding your situation. If you do not have all documentation with you, your appointment may be rescheduled.

Provide information that is applicable to your situation. If it doesn't apply insert "N/A". Please answer all questions.

Your Name (First, Middle, Last):		SSN or EMPLID:		
Contact Numbers	Work:	Fax:	Home:	E-Mail:
Home Address:		City:	State:	Zip:

Male <input type="checkbox"/> Female <input type="checkbox"/>	Birthdate:	Active Duty <input type="checkbox"/> Reserve/Guard <input type="checkbox"/> Retiree <input type="checkbox"/> Dependant <input type="checkbox"/> (enter Sponsor's info below). Only active duty military, dependents, and retirees are eligible for Legal Assistance.	
Please Enter Military Information		Command/Employer:	
Rank/Rate:	Pay Grade:	Branch of Service:	Separation Date:

Your Spouse's Name: _____ Spouse's Maiden Name: _____

CONSENT TO DISCLOSE CONFLICT: If an opposing party is entitled to Legal Assistance and comes to our office, we cannot help that person if you have formed an attorney-client relationship here. It will be necessary to tell the opposing (or conflicted) party that this office represents you AND cannot represent them. Do you consent to this office disclosing that we represent you? Yes ☐ No ☐

Are you currently represented by an attorney? If yes, the attorney's name: _____ Yes ☐ No ☐

Have you received services from this office before? Yes ☐ No ☐

If yes, what services did you receive? _____

Have you seen a Legal Assistance Attorney before? If yes, the attorney's name: _____ Yes ☐ No ☐

What issue will you be discussing during your appointment? Check all that apply:

- ☐ ADOPTION OR NAME CHANGE
- ☐ CONSUMER ISSUE: Auto or other purchase or sale, auto/house repair, credit or collection problem, bankruptcy
- ☐ DOMESTIC RELATIONS: Support, custody; guardianship; divorce; annulment; paternity
- ☐ IMMIGRATION: Naturalization; citizenship; resident permit; visa; employment
- ☐ MILITARY RIGHTS & BENEFITS: Soldier & Sailors Civil Relief Act; Uniformed Services Employment and Reemployment Rights Act; Other
- ☐ NOTARY, Certified Copy
- ☐ POWER OF ATTORNEY: Includes Health Care Surrogate
- ☐ REAL ESTATE OR LANDLORD TENANT: Purchase/Sale, lease; rental; security deposit; eviction
- ☐ TAX: Income, sales, intangible, property, ad valorem. If it is to prepare a return during the tax season, go to the VITA or ELF location
- ☐ WILLS OR ESTATE PLANNING: Wills, living wills, trusts, Medicaid, elder law, estate tax, probate
- ☐ OTHER ISSUE: (explain) _____

IF THERE IS AN OPPOSING OR ADVERSE PARTY IN YOUR SITUATION PROVIDE COMPLETE DETAILS BELOW

Party's Name:		SSN or EMPLID (if known)		
Home or Contact Address:		City:	State:	Zip:
Contact Phone Numbers	Home:	Work:	Fax:	
Active Duty <input type="checkbox"/> Reserve/Guard <input type="checkbox"/> Retiree <input type="checkbox"/> Dependant <input type="checkbox"/> Other (Explain)				
Rank/Rate:	Pay Grade:	Branch of Service:	Command:	

Your Signature _____

Date: _____